



CITY OF SANTA BARBARA

PARATRANSIT SERVICE APPLICANT CHECKLIST OWNER'S PERMIT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

Date Submitted: _____

Application Fee Paid - \$520

Applicant: Make sure you complete all the forms. Police personnel will check off the items for you.

Proposed Taxi Company Name: _____

Owner Name(s): (Attach separate Personal Information, Authorization to Release, & Arrest History sheets for each owner)

Name (1) _____ Phone _____

Name (2) _____ Phone _____

Name (3) _____ Phone _____

Phase 1 *Present the following documents at Police Department Annex, 222 E. Anapamu St.*

- ☐ Owner Information.
- ☐ Personal Information Sheet. Complete one for each person named on the application.
- ☐ Completed and signed Arrest History for each person named on the application.
- ☐ Signed Authorization to Release Information for each person named on the application.
- ☐ Two (2) color, passport-size photographs for each person named on the application.
- ☐ If corporation, Articles of Incorporation, as well as a listing of officers and individuals owning 10% or more of the corporation's stock, and the name, address and phone number of the Agent of Service.
- ☐ Sample manifest (passenger log) with company name, address, and phone indicated at the top.
- ☐ Sample rate card indicating **all** rates to be charged.
- ☐ Color drawing or photograph of the proposed vehicle color scheme, lettering, and logo or insignia to be used on the vehicle(s). Submitting multiple options for selection is recommended.
- ☐ Letter of approval from property owner/manager of address where vehicles will be stored, authorizing storage.
- ☐ Application processing fee of \$520.00 plus \$40.00 for each individual requiring a background check.

Phase 2 *Additional items to be submitted. Police will date and initial each line as received.*

- ☐ A Vehicle Inspection Report for each vehicle, signed by an approved mechanic and the applicant, certifying that all items listed are in compliance with State and City codes. A visual inspection by the City will be made to approve the color, identification, lettering, and overall appearance of the vehicle. Vehicle numbers will be assigned by the City.
- ☐ Department of Motor Vehicles registration for each vehicle showing that the vehicle has been registered as a taxicab. (These documents will be photocopied for City records.) _____
- ☐ Purchase information on the meter (an invoice or receipt) showing the manufacturer, model and serial number. _____
- ☐ A certificate of accuracy from the County of Santa Barbara. Division of Weights and Measures. _____
- ☐ Proof of insurance by the insurer for each vehicle. (These documents will be photocopied for City records.) _____
- ☐ Certificate of Insurance for Comprehensive GENERAL Liability and for Comprehensive Auto Liability. (To be received directly from the insurance company.) _____
- ☐ Payment of \$50.00 (per vehicle) for initial business license (paid at City Finance Dept) _____



CITY OF SANTA BARBARA

PARATRANSIT SERVICE APPLICANT CHECKLIST OWNER'S PERMIT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

SBPD Permit #:

Finance Dept B/L:

OWNER/BUSINESS INFORMATION:

Full name(s) of applicant(s):

Business address:

Business phone:

Proposed name of new taxicab company (do not use "Santa Barbara" as part of the name):

*Rates to be charged (Provide sample rate card.)

Proposed number of vehicles to be operated as of date of application:

Provide a list of Vehicle Identification Numbers (VINs) for all cars to be used. List must agree with list on page 2 of Financial Statement.

Address where vehicles will be garaged when not in use:

Address of administrative (office) facilities:

What type of communication system between taxis and dispatcher will be used:

*Describe the color scheme and logo to be used (submit a color drawing or photograph):

Describe the type of service to be offered, including the proposed hours of operation:

Has the applicant or any person with an ownership interest ever had a permit denied, suspended or revoked?
_____ If yes, *submit details on a separate sheet.*

You must also submit a Personal Information Sheet, Arrest History, Authorization to Release Information, and two passport-size color photos for each individual named on this application. If the applicant is a corporation, a copy of the Articles of Incorporation and a list of all officers, directors and stockholders owning or controlling 10% or more of the stock, percentage of ownership, the name, address and phone number of the Agent for Service and a sworn, financial statement is required.

I certify under the penalty of perjury that this statement and any attachments is, to the best of my knowledge, true, correct and complete.

Applicant's Signature

Date

Print Name and Title



CITY OF SANTA BARBARA

PARATRANSIT SERVICE APPLICANT CHECKLIST OWNER'S PERMIT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

Applicant Photos:

PERSONAL INFORMATION SHEET

Each owner must complete this section separately. Make copies, if needed, for each owner:

Name:

Other Names Used (list "also known as" names):

Residence Address (include street, city, and zip code):

Mailing Address, if different (include street, city, and zip code):

Phone Number:

Social Security No:

Are you a U.S. citizen?

Driver's License #

Expiration:

Date of Birth:

Place of Birth:

Color of Hair:

Color of Eyes:

Height:

Weight:

Length of time in Santa Barbara:

Length of time in California:

Do you have a current City of Santa Barbara Taxicab Driver Permit? ☐ No
Permit#: Expiration: Cab Company:

☐ Yes (complete info below):

RESIDENCES:

List the full address for your places of residence over the **past five years**, starting with the most recent. After the address, show the dates (month and year) at each residence.

1. _____

(from _____ to _____)
2. _____

(from _____ to _____)
3. _____

(from _____ to _____)
4. _____

(from _____ to _____)
5. _____

(from _____ to _____)

PERSONAL INFORMATION SHEET – page 2

Each owner must complete this section separately. Make copies, if needed, for each owner:

EMPLOYMENT HISTORY:

List your last five places of employment. Start with your current or most recent employer.

- | | |
|----------------------------|----------------------|
| 1. Employer/Company: _____ | From: _____ to _____ |
| Address: _____ | Phone: () _____ |
| 2. Employer/Company: _____ | From: _____ to _____ |
| Address: _____ | Phone: () _____ |
| 3. Employer/Company: _____ | From: _____ to _____ |
| Address: _____ | Phone: () _____ |
| 4. Employer/Company: _____ | From: _____ to _____ |
| Address: _____ | Phone: () _____ |
| 5. Employer/Company: _____ | From: _____ to _____ |
| Address: _____ | Phone: () _____ |

Describe in detail (using separate sheet if needed) previous experience in the taxicab industry and any similar permits issued in any other city, state or country.

Signature below indicates the applicant understands that if any information requested is misrepresented, it may be grounds for denial of this permit application.

Applicant's Signature

Date

CITY OF SANTA BARBARA

ARREST HISTORY

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

(NOTE: Each owner must complete this section separately. Make copies, if needed, for each owner:)

Failure to **list all arrests and citations** may result in a denial of your application.
This page **MUST** be completed. If there is no arrest history, write "NONE" or "N/A".

Date	Place (City and State)	Reason (Violation)

Are you currently on **probation**? _____ Charges: _____

Are you currently on **parole**? _____ Charges: _____

Are you currently required to **register pursuant to Section 290** of the Penal Code? _____

Signature below indicates the applicant understands that if any information requested on this form is misrepresented, it may be grounds for denial of this permit application.

Printed (Permit Applicant's Name)

Signature (Permit Applicant)

Date

The Police Technician verbally verified with applicant that:

☐ applicant's answer is "none" OR ☐ applicant listed complete/entire arrest history

Police Technician Initials _____ Date: _____



CITY OF SANTA BARBARA

AUTHORIZATION TO RELEASE INFORMATION TO THE CITY OF SANTA BARBARA, POLICE DEPARTMENT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

(NOTE: Each owner must complete this section separately. Make copies, if needed, for each owner:)

As an applicant for a City permit within the City of Santa Barbara, I hereby authorize the release of any and all information that you may have concerning my work records education records, medical records, and information of a confidential or privileged nature to the City of Santa Barbara Police Department and its agents.

I hereby release you, your organization, or others, from any liability or damage, which may result from furnishing the information requested.

Printed (Permit Applicant's Name)

Signature (Permit Applicant)

Date



Notice to Insurance Providers Regarding **PARATRANSIT INSURANCE REQUIREMENTS** for the City of Santa Barbara

OWNER-APPLICANT: Forward this section to your Insurance Provider.

TO: INSURERS

In order to operate a paratransit service in the City of Santa Barbara, a completed Certificate of Insurance must be on file with the City of Santa Barbara, Police Department, Investigative Division. The following are the minimum requirements for the Certificate of Insurance as allowed by the City of Santa Barbara:

1. Name and address of insured doing business as (DBA).
2. Location of the operations insured: within the City of Santa Barbara.
3. Description of operations: paratransit service operations.
4. Description of vehicles covered (provide a list).
5. General Liability coverage of one million dollars (\$1,000,000.00) bodily injury and property damage each person, each occurrence.
6. Automobile Liability coverage of one million dollars (\$500,000.00 effective 6/1/05) bodily injury and property damage each person, each occurrence.
7. City of Santa Barbara, its officers, employees and agents are named as additional insured.
8. Policies will not be canceled, limited, or changed without (30) days written notice to the City of Santa Barbara.
9. Coverage afforded the City shall apply as Primary and not Excess to any insurance issued in the name of the City of Santa Barbara.
10. Blanket or Scheduled Contractual Liability sufficiently broad to cover liability assumed in the permit. (SBMC 5.29.290: An owners permit holder shall, and by acceptance of the permit does, agree to hereby indemnify, and hold the City of Santa Barbara, its officers, employees and agents from all damages, claims, liabilities, costs, suits or other expense resulting from and arising out of said permit holders operations).
11. Policy includes Severability of Interest clause, or equivalent wording, stating that coverage applies separately to each named or additional insured as if separate policies had been issued to each.
12. Insurer must be admitted by the State of California, Department of Insurance, or have a Best's rating of B+ or better, and the agency and the agent must be licensed by the State of California. The City reserves the right to reject an insurer or an agency of the insurer.
13. Authorized signature may be the agent's if agent has placed insurance through an agency agreement with the insurer. If insurance is brokered, authorized signature must be that of an official of the insurer.

**Notice to Insurance Providers Regarding
PARATRANSIT INSURANCE REQUIREMENTS
for the City of Santa Barbara**

By signing this letter I/we agree that all of the foregoing conditions have been met and accepted by the insurer and the agency.

Name of Paratransit (Taxicab) Company being insured

Name of Insurance Company

Assigned Policy #

Executed in Santa Barbara, California or _____, California.

(Insurer's authorized signature)

Date

(Insurer's printed name and title)

Name of Agent if different from Insurer

Agent's Company Name _____

Agent's Company Address _____

Certificate of Insurance and this signed letter must be faxed by the Insurer to the City of Santa Barbara, fax number (805) 897-3733, prior to a paratransit service owner's permit being issued.

Please mail Original Certificate of Insurance and original signed letter to:

City of Santa Barbara

Police Department, Investigative Division

P.O. Box 539

Santa Barbara, CA 93102

NOTICE TO INSURERS AND PARATRANSIT SERVICE OPERATORS:

In order to operate any paratransit service in the City of Santa Barbara, a completed Certificate of Insurance must be on file with the City of Santa Barbara, Police Department, Investigative Division, P. O. Box 539, Santa Barbara, CA 93102. Complete the following Certificate of Insurance. If your insurance company uses a different form, that form must contain, as a minimum, the requirements listed below.

CERTIFICATE OF INSURANCE

This certifies to the City of Santa Barbara that the following described policies have been issued to:

Name of Insured: _____

Address: _____

Location of operations insured: within the City of Santa Barbara.

Description of operations: Taxicab and/or Limousine Operations.

Description of vehicles covered: _____

POLICIES AND INSURERS	LIMITS		POLICY NUMBER	EXPIRATION DATE
	Bodily Injury	Property Damage		
General Liability <input type="checkbox"/> Comprehensive <input type="checkbox"/> Commercial _____ (Insurer)	Each Person	Each Occurrence		
	Each Occurrence			
	Combined Single Limit			
	\$1,000,000			
Automobile Liability <input type="checkbox"/> Owned <input type="checkbox"/> Hired <input type="checkbox"/> Non Owned _____ (Insurer)	Each Person	Each Accident		
	Each Occurrence			
	Combined Single Limit			
	\$500,000			

The following coverage or conditions are in effect: General Liability ☐ Automobile Liability ☐

Yes No

1. City of Santa Barbara, its Officers, Employees, and Agents Named as Additional Insured.	
2. Policies will not be Canceled, Limited, or Changed without 30 Days Written Notice to the Police Department, Investigative Division, P.O. Box 539, Santa Barbara, CA 93102-1990	
3. Coverage afforded the City shall apply as Primary and not Excess to any insurance issued in the name of the City.	
4. Blanket or Scheduled Contractual Liability sufficiently broad to cover liability assumed in the permit. (SBMC 5.29.290: An owner's permit holder shall, and by acceptance of the permit does, agree to hereby indemnify and hold the City of Santa Barbara, its officers, employees and agents from any and all damages, claims, liabilities, costs, suits, or other expense resulting from and arising out of said permit holder's operations.)	
5. Policy includes a Severability of Interest provision or equivalent wording, stating that coverage applies separately to each named or additional insured as if separate policies had been issued to each.	

Date: _____

(Authorized Signature)

(Date)

At: _____

(Company and Address)

NOTE: Authorized signature may be the agent if agent has placed insurance through an agency agreement with the insurer. If insurance is brokered, authorized signature must be that of official of insurer.

INSURER MUST BE ADMITTED BY THE STATE OF CALIFORNIA, DEPARTMENT OF INSURANCE, OR HAVE A BEST'S RATING OF B+ OR BETTER. THE CITY RESERVES THE RIGHT TO REJECT AN INSURER.



CITY OF SANTA BARBARA

TAXICAB/PARATRANSIT BUSINESS OWNER'S AGREEMENT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

Approval and acceptance of an owner's permit acknowledges owner's responsibilities including but not limited to:

INSURANCE. Maintaining, in owner's name, insurance as specified by the City, including coverage for all vehicles operating under owner's permit regardless of ownership shown on DMV registration.

DRIVERS. Maintaining and making available at all times a roster of all permitted drivers working for owner either as employee or independent contractor. Roster shall show driver's full name including any alias or "nickname", current address, permit number and expiration date, and California Driver's License number and expiration date. A copy of said roster will be provided to the City quarterly, in February, May, August and November, on dates assigned by the City Finance Department.

VEHICLE LIST. Maintaining and making available at all times a roster of all vehicles being operated under owner's permit. Roster shall show year and make of vehicle, number assigned by the City, number (if different) used by owner's dispatch system, and vehicle license plate number. A copy of said roster will be provided to the City quarterly, on the same dates as the driver roster.

MANIFESTS. Collecting a daily manifest from each driver and submitting manifests to the City on a quarterly basis at the same time the vehicle roster is submitted. Manifests shall be clearly identified with the City assigned cab number and the date of activity. Dates of non-operation shall be listed on a separate sheet to account for any gaps in date sequence.

VEHICLE IDENTIFICATION. Assuring that all additional and replacement vehicles operated are painted in the color(s) originally approved and that identification (trade name and/or logo) conforms to original specifications. All signs, logos, lettering and numbers must be permanently affixed, not magnetic.

ACCIDENTS. Reporting all accidents involving contact of a vehicle with another vehicle or object must be noted on the daily manifests and on the quarterly inspection sheets. If another vehicle is involved, the name and address or phone number of the owner or operator of that vehicle is also to be noted on the quarterly inspection report. If an accident requires a police report, a copy of that report must be provided to the Investigative Division of the Police Department. (If the report is filed with the Sheriff's Office or the Highway Patrol, a copy must be requested from that agency and forwarded to the Police Department. If a report is filed with the Santa Barbara Police Department, only the report number need be provided.)

By signing below, applicant agrees to abide by the all of the above conditions/rules/regulations:

Company Name _____

Owner Name _____

Owner Signature _____ **Date** _____



CITY OF SANTA BARBARA

TAXICAB/PARATRANSIT BUSINESS OWNER'S INDEMNITY/ HOLD HARMLESS AGREEMENT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

Owner, by acceptance of the permit to operate a taxicab or paratransit business, does agree to hereby indemnify and hold harmless the City of Santa Barbara, its officers, employees and agents from any and all damages, claims, liabilities, costs, suits or other expense resulting from and arising out of said permit holder's operations.

In witness thereof, this Indemnity and Hold Harmless Agreement is executed on this _____ day of _____, 2007.

Owner's Permit Holder (Company Name) _____

Owner's Name(s)_____

Owner's Signature(s)_____

Title _____



CITY OF SANTA BARBARA

TAXICAB/PARATRANSIT OWNER'S PERMIT TERM AGREEMENT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

The term of the permit is one year, with renewal upon payment of the annual business license tax. Failure to pay before the expiration date will result in suspension of the owner's permit until the business license tax and penalty, if any, has been paid.

Failure to abide by the terms of this agreement may result in suspension or revocation of the owner's permit.

Permit holder understands the grounds for revocation or suspension listed in Santa Barbara Municipal Code, Section 5.29.070, and any other section in Chapter 5.29.

As owner(s) and responsible party/parties of (company name) _____.

I/we understand that if I/we violate the Santa Barbara Municipal Code or applicable state laws,
I/we will surrender the owner's permit immediately on request of the Chief of Police, or
designated agent(s).

_____	_____	_____
Owner Name-print	Owner Signature	Date

_____	_____	_____
Owner Name-print	Owner Signature	Date

_____	_____	_____
Owner Name-print	Owner Signature	Date

"Owner" means any person, firm, corporation or other form of business organization having proprietary control, or right to proprietary control, of any vehicle engaged in the business of providing paratransit service, as defined herein.

"Owner's permit" means a certificate which authorizes operation of a paratransit service in the City and which is issued to any person, firm, corporation or other form of business organization having proprietary control of any vehicle engaged in the business of providing paratransit services.



CITY OF SANTA BARBARA

PARATRANSIT SERVICE OWNER ADDITIONAL REGULATIONS

OWNER-APPLICANT: Keep this page for your records/reference.

The following are regulations in addition to those found in the Santa Barbara Municipal Code. They also govern paratransit operations and were approved by the Fire and Police Commission, pursuant to Santa Barbara Municipal Code, Section 5.29.300(P).

1. A driver's permit application may be denied for failure to complete the application process. Adopted 9/1/83.
2. A driver's permit application may be denied for making false statement(s) on the application. Adopted 9/1/83.
3. A driver's permit application may be denied if there is one or more citations or warrants outstanding, if, in the opinion of the Police Department Investigator, it may result in a conviction of an offense that would normally result in denial or revocation of a driver's permit. An application may be reconsidered, within six (6) months of the original application date, without payment of additional application fees, when all citations or warrants have been cleared. Adopted 4/26/84.
4. No changes in rates are to be made unless the City, Chief of Police] has been advised in writing at least thirty (30) days prior to the effective date of the new rates. Adopted 4/26/84.
5. An owner's permit to operate is automatically suspended twenty-four (24) hours prior to time of insurance expiration, or at 5:00 p.m. of the last working day prior to time of expiration of insurance. Adopted 9/27/84.
6. An owner's permit application may be denied if false statements are provided on the application. Added 7/24/87.



FEE SCHEDULE FOR PARATRANSIT SERVICE APPLICATIONS, PERMITS AND APPEALS

(Set by City Council Resolution 05-060, June 21, 2005)

OWNER-APPLICANT: Keep this page for your records/reference.

NOTE: All fees are non-refundable.

A.	<i>Owner Permits</i>	
1.	Initial application for a taxicab or other paratransit business.	\$520.00
2.	Renewal application.	\$400.00
3.	Each background investigation conducted for an owner's permit.	\$ 40.00
4.	Replacement permit, document only.	\$ 10.00
5.	Change of address, document only.	\$ 10.00
B.	<i>Vehicle Permits</i>	
1.	Initial permit for taxicab or limousine taxi, for each vehicle.	\$ 50.00
2.	Renewal permit.	\$ 25.00
3.	Replacement permit, document only.	\$ 10.00
C.	<i>Driver Permits</i>	
1.	Initial application.	\$ 172.00
2.	Fingerprint Livescan Fee (DOJ)	\$32.00
3.	Renewal application.	\$ 100.00
4.	Replacement permit, document only.	\$10.00
D.	<i>Appeals</i>	
1.	Appeal to Board of Fire and Police Commissioners.	\$100.00
2.	Appeal to City Council.	\$150.00



TAB D

TAXICAB DIAGRAM LOCATION OF IDENTIFIERS

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29
and California Vehicle Code, §27901)

OWNER-APPLICANT: Use this form to assist in submission of color scheme, logo, and lettering information.



Vehicle Rates must be displayed on both sides of the vehicle effective 12/01/05. If a taxi has one or more rates, the maximum rate or all rates shall be posted. (MC 5.29.110)

City of Santa Barbara Public Vehicle Permit must be displayed on the left side of the trunk lid with valid month sticker. (New stickers are issued every four (4) months upon receipt of new inspection reports.)

Vehicle Number assigned by the City must be displayed on both left and right front fenders, and on the right side of the back door or trunk lid. [MC 5.29.120(4) and 5.29.170(2)]



All lettering and numerals must be at least three (3) inches in height and in colors contrasting with the background so as to be readily legible in daylight from a distance of fifty (50) feet. Exception: Vehicle Rates must be one (1) inch in height and readily legible in daylight. (CVC 27901)